

*Magnolia Reviews of Texas, LLC*

PO Box 348 Melissa, TX 75454\* Phone 972-837-1209 Fax 972-692-6837

**[Date notice sent to all parties]:**

**12/15/2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI of Lumbar Spine**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Board  
Certified Orthopedic Spine Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse  
determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical  
necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a male who reported an  
injury on XX/XX/XX. The documentation on XX/XX/XX revealed the claimant was doing  
consistently pretty well with minimal pain.

On XX/XX/XX, the claimant noticed he had an area about the previous scar that had  
become somewhat raised and began to swell. It did not cause much more discomfort than  
he already had as the pain was 2/10. It caused minimal difficulty with rising from the lying  
position. The physical examination revealed a 4 cm by 2.5 cm nontender mobile mass  
over the scar that was clearly associated with the L1-3 scar related to his injury that  
occurred when he fell back to an unpadded and uncapped square weight lifting square  
weight lifting rack bar which dug into the skin of his upper lumbar spine causing a deep  
and permanent scar and the back injury. Otherwise, the claimant had lumbar flexion of 90  
degrees, extension 10 degrees. The lumbar rotary extension procedure was a little more  
limited to the right than compared to the left. The claimant had no significant spasm of the  
lumbar MRI. The request was made for an MRI of the lumbar spine to take a look at the  
tissue. The physician opined it looked as though the claimant had developed some sort of  
a cyst. The physician opined that it was an odd location but it could be coming from the  
spine. The physician indicated that he wanted to take a look at it and the claimant was to  
come back in the office after the MRI. The request was denied as no x-rays were  
performed prior to considering an MRI for clarification of the clinical picture.

The claimant was in the office on XX/XX/XX and had low back pain of 1/10 to 2/10  
associated with some stiffness and slight limit in normal range of motion. The claimant had  
some difficulty rising from the seated or lying position, and with sleeping. The claimant

indicated there had not been any changes in the mass in the low back except for a slight increase in discomfort in that area since presentation. Evaluation revealed lumbar flexion of 95 degrees and extension of 5 degrees. Lumbar rotary extension procedures were negative. The claimant was not acutely tender to palpation but did have a mass which was 2 cm to 2.5 cm in length from superior to inferior and it was mobile. It was on the right associated with the prior injury scar. The physician indicated his first thought that it may be a ganglion cyst. The x-rays were performed which revealed chronic L5 spondylosis with slight anterolisthesis of 2 mm. An MRI was recommended to visualize the soft tissue mass observed on palpation, but not visualized on the images.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The Official Disability Guidelines indicate that for patients with uncomplicated low back pain and a suspicion cancer, infection or other red flags, an MRI may be appropriate. The clinical documentation submitted for review indicated the claimant underwent an x-ray that was normal with the exception of chronic L5 spondylolisthesis with slight anterolisthesis of 2 mm. The claimant had objective findings upon physical examination of a mobile mass over the scar that was clearly associated with the lumbar spine area L1-3. The claimant had minimal difficulty rising from a lying position, the physician indicated the suspicion was present for a ganglion cyst causing pain for the claimant, which would be a red flag. Given the above, the request for MRI of the lumbar spine is medically necessary and appropriate. The prior decision is overturned.

**IRO REVIEWER REPORT TEMPLATE -WC**

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**x ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, 13th Edition (web), 2015, Low Back Chapter, MRIs (magnetic resonance imaging)**